

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035190	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  Catalina Post Acute and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2611 North Warren Avenue Tucson, AZ 85719	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42319</b></p> <p>Based on clinical record, resident and staff interviews and facility documents, the facility failed to ensure that two residents (#21, #52) received activities of daily living (ADL) care per facility policy. Failure to do so could result in psychosocial harm.</p> <p>Findings include:</p> <ul style="list-style-type: none"> <li>-Resident #52 was admitted [DATE] with diagnoses of sepsis and metabolic encephalopathy.</li> </ul> <p>A care plan dated July 2, 2024 included a self-care performance deficit related to weakness, and impaired mobility which included to encourage to participate to the fullest extent with each interaction.</p> <p>A Minimum Data Set (MDS) dated [DATE] included that this resident was moderately cognitively impaired and that showering was not attempted due to a medical condition or safety concern.</p> <p>A document titled [NAME] Showers included that resident #52's room was to be provided showers 2 times a week by the 2 PM to 10 PM shift and that any missed showers were to be caught up on Sundays. This document included that shower sheets need to be filled out and signed by the nurse.</p> <p>However, review of bathing/showering documentation included:</p> <p>1 shower was provided on July 1 - 6, July 21 - 27, and July 28 - August 3, 2024</p> <p>No showers were provided July 7 - 13, 2024.</p> <ul style="list-style-type: none"> <li>-Resident #21 was admitted [DATE] with diagnoses of morbid obesity, open wound of abdominal wall, and bipolar disorder.</li> </ul> <p>A quarterly MDS dated [DATE] included that this resident was not cognitively impaired and was dependent for showering/bathing.</p> <p>However, review of bathing/showering documentation included:</p> <p>1 shower was provided on July 1 - 6, and July 21 - 27.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>No showers were provided July 28 - August 3, 2024.</p> <p>An interview conducted on August 8, 2024 at 3:43 P.M. with a Certified Nursing Assistant (CNA/staff #130) who said that CNA's look at the shower list. She said that showers are scheduled for both day and evening shift. This staff said that if the resident refused the staff offer alternatives to showers such as bed baths. This staff said that if CNA's manage their time right that they should be able to get showers. This CNA said that each resident gets 2 showers a week unless they need more. She said that if showers are missed then on Sundays, they will try to make it up. She said that resident #52 did not want showers.</p> <p>An interview conducted on August 8, 2024 at 3:28 P.M. with a Licensed Practical Nurse (LPN/staff #120) who said that CNA's have assignments based on which rooms have showers on that day, which is determined by the shower sheet. She said that she performs skin checks on shower days and signs off on the shower sheet. She said that the shower sheets are then filed with medical records.</p> <p>An interview was conducted on August 8, 2024 at 4:33 P.M. with the Director of Nursing (DON/staff #59) who said that her expectation is that staff follow the shower schedule and residents should be offered 2 showers a week. This staff included that staff should document showers on shower sheets and in the task list in the medical record. She said that it does not meet her expectations if the showers are not documented if they are refused. She stated that resident #52 frequently refuses care but that it was not documented.</p> <p>A policy titled ADL, Services to carry out reviewed on August, 2023, included if a resident is unable to carry out activities of daily living, the necessary services to maintain good nutrition, grooming, toileting, and personal oral hygiene will be provided by qualified staff. This policy included that bathing will be offered twice weekly (unless resident requests more or less), and as needed per resident request and ADL care will be documented in the medical record accordingly.</p>